Please place stamp

Phone

Ildududdalla

P.O. Box 40600 Olympia, WA 98504-0600

Representative Barbara Bailey



10th Legislative District



Dear friends and neighbors,

As a part of my commitment to providing you the best possible representation in Olympia, I am personally visiting residences, businesses and service organizations throughout the 10th District to hear your views on the important issues facing state government.

My objective is not only to get better acquainted, but to find out what's on your mind, and hear your concerns and opinions firsthand.

Where do you think state government is doing a good job? What changes are needed? Your involvement is what makes government work best. You can be involved by providing me with your input.

Please take a few minutes to share your thoughts in the space provided and mail the self-addressed card to me at your convenience.

Thank you!

Barbara Bailey

Rep. Barbara Bailey



Your views are important to me!

One of the most important responsibilities I have as your state representative is to help you in your dealings with state government. If you need help with a state agency, or need answers on state regulations or laws, please call my Olympia office or the toll-free legislative hotline.

State Representative Barbara Bailey 10th District

Olympia office:

405 John L. O'Brien Bldg. P.O. Box 40600 Olympia, WA 98504-0600

Phone: (360) 786-7914

Toll-free Legislative Hotline:

1-800-562-6000

E-mail:

bailey.barbara@leg.wa.gov

Website:

www.houserepublicans.wa.gov/Bailey

What is important to you?

By taking a few moments to share your ideas, you will help me to do a better job representing you in Olympia. Thank you for sharing your opinions with me!

Please rank the following issues in order of importance to you, with 1 being the most important. Encouraging economic development and new jobs ____ Controlling taxes and government spending _____ Land-use and property rights Crime and security Education _____ Transportation _____ Environmental policy Health care (access, coverage, insurance) _____ Other _____ Name: Address: City: _____ Zip: ____ E-mail address: Do you wish to receive e-mail updates? Yes No Please use the space below for further comments or questions.

